

INTERMEDIATE CARE FACILITIES FOR THE
DEVELOPMENTALLY DISABLED

INTERMED CARE FAC FOR THE DEV DISABLED AT

310 4TH STREET

PO Box: PO BOX 87

BOULDER MT 59632-

Phone

Fax:

Administrator: JEFF

STURM

License Number: **10290**

Expires: **07/13/2006**

Original License Date:

Health Planning Region **4**

Facility ID

51

County: **JEFFERSON**

JCAHO:

NOT PROV

Current License **1**

Total Beds: **8**

Total Facilities = 1